

UNITED STATES DISTRICT COURT
DISTRICT OF DELAWARE

THOMAS A. WILCOX

Plaintiff,

v.

APPLICATION TO PROCEED
WITHOUT PREPAYMENT OF
FEES AND AFFIDAVIT

STATE OF DELAWARE ET AL.

Defendant(s)

CASE NUMBER:

07 - 739

I, declare that I am the (check appropriate box)

☒ Petitioner/Plaintiff/Movant☐ Other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915, I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes ☐ No (If "No" go to Question 2)

If "YES" state the place of your incarceration DELAWARE CORRECTIONAL SMYRNA DELAWARE
19977

Inmate Identification Number (Required): 449725

Are you employed at the institution? No Do you receive any payment from the institution? No

Attach a ledger sheet form the institution of your incarceration showing, at least the past six months' transactions

2. Are you currently employed? ☐ Yes ☒ No

a. If the answer is "YES" state the amount of your take-home salary or wages and pay period a and give the name and address of your employer.

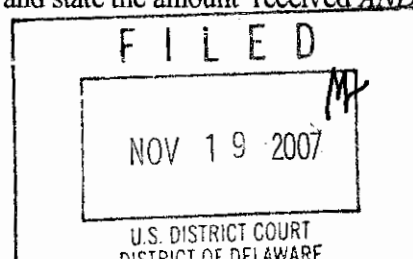
b. If the answer is "NO" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer. OVER 5 YEARS

AGO

3. In the past 12 twelve months have you received any money from any of the following sources?

- | | | | |
|----|--|------------------------------|--|
| a. | Business, profession or other self-employment | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| b. | Rent payments, interest or dividends | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| c. | Pensions, annuities or life insurance payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| d. | Disability or workers compensation payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| e. | Gifts or inheritances | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| f. | Any other sources | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

If the answer to any of the above is "YES" describe each source of money and state the amount received AND what you expect you will continue to receive.



4. Do you have any cash or checking or saving accounts? ☐ Yes ☒ No

If "Yes" state the total amount \$

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property? ☐ Yes ☒ No

If "Yes" describe the property and state its value.

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support, *OR* state *NONE* if applicable.
NONE.

I declare under penalty of perjury that the above information is true and correct.

11/05/2007
DATE

Thomas A. Wilcock Jr
SIGNATURE OF APPLICANT

NOTE TO PRISONER: A Prisoner seeking to proceed without prepayment of fees shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

07 - 739

DELAWARE CORRECTIONAL CENTER
SUPPORT SERVICES OFFICE
MEMORANDUM

TO: Thomas A Wilcox Jr SBI#: 449725

FROM: Mercedes VALLIN

RE: 6 Months Account Statement

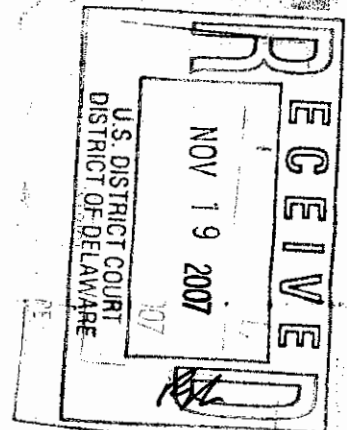
DATE: 10/25/07

Attached are copies of your inmate account statement for the months of
April 2007 to September 2007.

The following indicates the average daily balances.

<u>MONTH</u>	<u>AVERAGE DAILY BALANCE</u>
<u>Apr</u>	<u>.00</u>
<u>May</u>	<u>.00</u>
<u>Jun</u>	<u>.00</u>
<u>Jul</u>	<u>.00</u>
<u>Aug</u>	<u>.00</u>
<u>Sept</u>	<u>.00</u>

Average daily balances/6 months: \$.00



Attachments

CC: File

Mercedes Vallin
10/25/07

Camille Pomeroy
10/25/07

Date Printed: 10/25/2007

Page 1 of 1

Individual Statement

From April 2007 to September 2007

SBI	Last Name	First Name	MI	Suffix	Beginning Month Balance:	\$0.00
00449725	Wilcox	Thomas			Ending Month Balance:	\$0.00
Current Location: 23						
Comments:						

Trans Type	Date	Deposit or Withdrawal Amount	Medical Hold	Non-Medical Hold	Balance	Trans #	MO# / Ck#	Pay To	Source Name
Medical	5/3/2007	\$0.00	(\$6.00)	\$0.00	\$0.00	423946		4/19/07	
Medical	5/3/2007	\$0.00	(\$4.00)	\$0.00	\$0.00	424055		5/2/07	
Medical	6/14/2007	\$0.00	(\$4.00)	\$0.00	\$0.00	443229		6/6/07	
Medical	6/21/2007	\$0.00	(\$4.00)	\$0.00	\$0.00	446408		6/19/07	
Medical	7/20/2007	\$0.00	(\$4.00)	\$0.00	\$0.00	459937		7/16/07	
Ending Month Balance:					\$0.00				

Total Amount Currently on Medical Hold: (\$41.84)

Total Amount Currently on Legal Hold: \$0.00

Total Amount Currently on Restitution Hold: \$0.00

Total Amount Currently on Other Hold: (\$40.01)